

# **TennCare Companion Guide**

**271-Unsolicited - Eligibility, Coverage or  
Benefit Information - HIPAA/V5010X279A1**

**Version: 1.0 Final**

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<b>Trading Partner:</b>	
<b>Notes:</b>	



# Introduction/ Purpose:

TennCare Companion Guides (TCCGs) are intended to supplement the ASC X12N Standards for Electronic Data Interchange, Technical Report Type 3 (TR3), for each HIPAA transaction set. The rules for transaction formats/structures and data contents including field values can be found in the TR3 guides. TCCGs provide specific information on the fields and values required for transactions sent to or received from TennCare.

TCCGs are intended to be supplemental to and NOT a replacement for, the standard ASC X12N TR3 guide for each transaction set. Based upon reporting circumstances, certain loops or data elements that are normally situational may become required. Some of these situational loops may not be included within the TCCG for a given transaction; however, requirements within TR3s must be followed when using different loops, segments and data elements. HIPAA required information must be met even if it's not part of the TCCG.

Other than transaction formats and data contents, please refer to TCCGs Front Matter (Version 5010) for Trading Partner arrangements with TennCare.



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# 271

## Eligibility, Coverage or Benefit Information

### Functional Group=HB

**Purpose:** This X12 Transaction Set contains the format and establishes the data contents of the Eligibility, Coverage or Benefit Information Transaction Set (271) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to communicate information about or changes to eligibility, coverage or benefits from information sources (such as - insurers, sponsors, payors) to information receivers (such as - physicians, hospitals, repair facilities, third party administrators, governmental agencies). This information includes but is not limited to: benefit status, explanation of benefits, coverages, dependent coverage level, effective dates, amounts for co-insurance, co-pays, deductibles, exclusions and limitations.

#### Not Defined:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	ISA	Interchange Control Header	M	1			Required
	GS	Functional Group Header	M	1			Required

#### Heading:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
0100	ST	Transaction Set Header	M	1			Required
0200	BHT	Beginning of Hierarchical Transaction	M	1			Required

#### Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
<b>LOOP ID - 2000A</b>					<b>≥1</b>		
0100	HL	Information Source Level	M	1			Required
0250	AAA	Request Validation	O	9			Situational
<b>LOOP ID - 2100A</b>					<b>1</b>		
0300	NM1	Information Source Name	O	1			Required
0800	PER	Information Source Contact Information	O	3			Situational
0850	AAA	Request Validation	O	9			Situational
<b>LOOP ID - 2000B</b>					<b>≥1</b>		
0100	HL	Information Receiver Level	O	1			Situational
<b>LOOP ID - 2100B</b>					<b>1</b>		
0300	NM1	Information Receiver Name	O	1			Required
0400	REF	Information Receiver Additional Identification	O	9			Situational
0600	N3	Information Receiver Address	O	1			Situational
0700	N4	Information Receiver City, State, ZIP Code	O	1			Situational
0850	AAA	Information Receiver Request Validation	O	9			Situational
0900	PRV	Information Receiver Provider Information	O	1			Situational
<b>LOOP ID - 2000C</b>					<b>≥1</b>		
0100	HL	Subscriber Level	O	1			Situational
0200	TRN	Subscriber Trace Number	O	3		N2/0200	Situational
<b>LOOP ID - 2100C</b>					<b>1</b>		
0300	NM1	Subscriber Name	O	1			Required
0400	REF	Subscriber Additional Identification	O	9			Situational
0600	N3	Subscriber Address	O	1			Situational

0700	N4	Subscriber City, State, ZIP Code	O	1		Situational
0850	AAA	Subscriber Request Validation	O	9		Situational
0900	PRV	Provider Information	O	1		Situational
1000	DMG	Subscriber Demographic Information	O	1		Situational
1100	INS	Subscriber Relationship	O	1		Situational
1150	HI	Subscriber Health Care Diagnosis Code	O	1		Situational
1200	DTP	Subscriber Date	O	9		Situational
1275	MPI	Subscriber Military Personnel Information	O	1		Situational
<b>LOOP ID - 2110C</b>				<b>≥1</b>		
1300	EB	Subscriber Eligibility or Benefit Information	O	1		Situational
1350	HSD	Health Care Services Delivery	O	9		Situational
1400	REF	Subscriber Additional Identification	O	9		Situational
1500	DTP	Subscriber Eligibility/Benefit Date	O	20		Situational
1600	AAA	Subscriber Request Validation	O	9		Situational
2500	MSG	Message Text	O	10		Situational
<b>LOOP ID - 2115C</b>				<b>10</b>		
2600	III	Subscriber Eligibility or Benefit Additional Information	O	1		Situational
<b>LOOP ID - LS</b>				<b>1</b>		
3300	LS	Loop Header	O	1		Situational
<b>LOOP ID - 2120C</b>				<b>23</b>		
3400	NM1	Subscriber Benefit Related Entity Name	O	1		Situational
3600	N3	Subscriber Benefit Related Entity Address	O	1		Situational
3700	N4	Subscriber Benefit Related Entity City, State, ZIP Code	O	1		Situational
3800	PER	Subscriber Benefit Related Entity Contact Information	O	3		Situational
3900	PRV	Subscriber Benefit Related Provider Information	O	1		Situational
4000	LE	Loop Trailer	M	1		Situational
<b>LOOP ID - 2000D</b>				<b>≥1</b>		
0100	HL	Dependent Level	O	1		Situational
0200	TRN	Dependent Trace Number	O	3	N2/0200	Situational
<b>LOOP ID - 2100D</b>				<b>1</b>		
0300	NM1	Dependent Name	O	1		Required
0400	REF	Dependent Additional Identification	O	9		Situational
0600	N3	Dependent Address	O	1		Situational
0700	N4	Dependent City, State, ZIP Code	O	1		Situational
0850	AAA	Dependent Request Validation	O	9		Situational
0900	PRV	Provider Information	O	1		Situational
1000	DMG	Dependent Demographic Information	O	1		Situational
1100	INS	Dependent Relationship	O	1		Situational



1150	HI	Dependent Health Care Diagnosis Code	O	1	Situational
1200	DTP	Dependent Date	O	9	Situational
1275	MPI	Dependent Military Personnel Information	O	1	Situational
<b>LOOP ID - 2110D</b>				<b>≥1</b>	
1300	EB	Dependent Eligibility or Benefit Information	O	1	Situational
1350	HSD	Health Care Services Delivery	O	9	Situational
1400	REF	Dependent Additional Identification	O	9	Situational
1500	DTP	Dependent Eligibility/Benefit Date	O	20	Situational
1600	AAA	Dependent Request Validation	O	9	Situational
2500	MSG	Message Text	O	10	Situational
<b>LOOP ID - 2115D</b>				<b>10</b>	
2600	III	Dependent Eligibility or Benefit Additional Information	O	1	Situational
<b>LOOP ID - LS</b>				<b>1</b>	
3300	LS	Loop Header	O	1	Situational
<b>LOOP ID - 2120D</b>				<b>23</b>	
3400	NM1	Dependent Benefit Related Entity Name	O	1	Situational
3600	N3	Dependent Benefit Related Entity Address	O	1	Situational
3700	N4	Dependent Benefit Related Entity City, State, ZIP Code	O	1	Situational
3800	PER	Dependent Benefit Related Entity Contact Information	O	3	Situational
3900	PRV	Dependent Benefit Related Provider Information	O	1	Situational
4000	LE	Loop Trailer	M	1	Situational
4100	SE	Transaction Set Trailer	M	1	Required

**Not Defined:**

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>	<u>Usage</u>
	GE	Functional Group Trailer	M	1			Required
	IEA	Interchange Control Trailer	M	1			Required

**Notes:**

- 2/0200 If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.
- 2/0200 If the Eligibility, Coverage or Benefit Inquiry Transaction Set (270) includes a TRN segment, then the Eligibility, Coverage or Benefit Information Transaction Set (271) must return the trace number identified in the TRN segment.

# ISA Interchange Control Header

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 16</b>

**User Option (Usage):** Required

**Purpose:** To start and identify an interchange of zero or more functional groups and interchange-related control segments

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
ISA01	I01	<b>Authorization Information Qualifier</b> <b>Description:</b> Code identifying the type of information in the Authorization Information <b>TennCare Notes:</b> <i>Preferred value is '00'</i>	M	ID	2/2	Required
ISA02	I02	<b>Authorization Information</b> <b>Description:</b> Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	M	AN	10/10	Required
ISA03	I03	<b>Security Information Qualifier</b> <b>Description:</b> Code identifying the type of information in the Security Information <b>TennCare Notes:</b> <i>Preferred value is '00'</i>	M	ID	2/2	Required
ISA05	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified <b>TennCare Notes:</b> <i>Preferred value is 'ZZ'</i>	M	ID	2/2	Required
ISA06	I06	<b>Interchange Sender ID</b> <b>Description:</b> Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element <b>TennCare Notes:</b> <i>TennCare's ID '626001445TC'</i>	M	AN	15/15	Required
ISA07	I05	<b>Interchange ID Qualifier</b> <b>Description:</b> Code indicating the system/method of code structure used to designate the sender or receiver ID element being qualified <b>TennCare Notes:</b> <i>Preferred value is 'ZZ'</i>	M	ID	2/2	Required
ISA08	I07	<b>Interchange Receiver ID</b> <b>Description:</b> Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them <b>TennCare Notes:</b>	M	AN	15/15	Required

		<i>This value will be the Sender Trading Partner ID.</i>				
ISA09	I08	<b>Interchange Date</b>	M	DT	6/6	Required
		<b>Description:</b> Date of the interchange				
		<b>TennCare Notes:</b>				
		<i>This is the date when the file/batch is created by TCMIS.</i>				
ISA13	I12	<b>Interchange Control Number</b>	M	N0	9/9	Required
		<b>Description:</b> A control number assigned by the interchange sender				
		<b>TennCare Notes:</b>				
		<i>Same as IEA02</i>				

**GS****Functional Group Header**

<b>Pos:</b>	<b>Max: 1</b>
<b>Not Defined - Mandatory</b>	
<b>Loop: N/A</b>	<b>Elements: 8</b>

**User Option (Usage):** Required**Purpose:** To indicate the beginning of a functional group and to provide control information**Element Summary:**

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
GS02	142	<b>Application Sender's Code</b> <b>Description:</b> Code identifying party sending transmission; codes agreed to by trading partners <b>TennCare Notes:</b> <i>Same as ISA06</i>	M	AN	2/15	Required
GS03	124	<b>Application Receiver's Code</b> <b>Description:</b> Code identifying party receiving transmission; codes agreed to by trading partners <b>TennCare Notes:</b> <i>Same as ISA08</i>	M	AN	2/15	Required

# NM1 Information Receiver Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100B	Elements: 8

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM103	1035	<b>Name Last or Organization Name</b> <b>Description:</b> Individual last name or organizational name <b>TennCare Notes:</b> <i>MCC Name</i>	X	AN	1/60	Situational
NM109	67	<b>Identification Code</b> <b>Description:</b> Code identifying a party or other code <b>TennCare Notes:</b> <i>MCC Tax ID</i>	X	AN	2/80	Required

# NM1 Subscriber Name

Pos: 0300	Max: 1
Detail - Optional	
Loop: 2100C	Elements: 8

**User Option (Usage):** Required

**Purpose:** To supply the full name of an individual or organizational entity

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
NM109	67	<b>Identification Code</b>	X	AN	2/80	Situational

**Description:** Code identifying a party or other code

**TennCare Notes:**

*Subscriber's SSN*

# EB Subscriber Eligibility or Benefit Information

Pos: 1300 Max: 1  
Detail - Optional  
Loop: 2110C Elements: 14

**User Option (Usage):** Situational

**Purpose:** To supply eligibility or benefit information

## Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
EB01	1390	<b>Eligibility or Benefit Information Code</b> <b>Description:</b> Code identifying eligibility or benefit information <b>TennCare Notes:</b> <i>Reps 1 through 38, 43 through 62: Value 'F' indicates 'Limitations'.</i>  <i>Reps 39 through 42: Value 'J' indicates 'Cost Containment'.</i>	M	ID	1/2	Required
EB02	1207	<b>Coverage Level Code</b> <b>Description:</b> Code indicating the level of coverage being provided for this insured <b>TennCare Notes:</b> <i>Reps 1 through 62: Value 'IND' indicates 'Individual'.</i>	O	ID	3/3	Situational
EB03	1365	<b>Service Type Code</b> <b>Description:</b> Code identifying the classification of service <b>TennCare Notes:</b> <i>Reps 1 through 4: Value 'AI' indicates 'Substance Abuse'.</i>  <i>Reps 5 through 8: Value '48' indicates 'Hospital Inpatient'.</i>  <i>Reps 9 through 16: Value '42' indicates 'Home Health Care'.</i>  <i>Reps 17 through 24: Value '46' indicates 'Respite Care'.</i>  <i>Reps 25 through 46: Value '60' indicates 'General Benefits'.</i>  <i>Reps 47 through 50: Value '50' indicates 'Hospital Outpatient'.</i>  <i>Reps 51 through 54: Value '98' indicates 'Office Visit'.</i>  <i>Reps 55 through 58: Value '99' indicates 'Inpatient Visit'.</i>  <i>Reps 59 through 62: Value '73' indicates 'Diagnostic Medical'.</i>	O	ID	1/2	Situational
EB04	1336	<b>Insurance Type Code</b>	O	ID	1/3	Situational

		<b>Description:</b> Code identifying the type of insurance policy within a specific insurance program <b>TennCare Notes:</b> <i>Reps 1 through 62:</i> <i>Value 'OT' indicates 'Other'.</i>				
EB05	1204	<b>Plan Coverage Description</b> <b>Description:</b> A description or number that identifies the plan or coverage <b>TennCare Notes:</b> <i>Reps 1 through 4, 9 through 62:</i> <i>See the Benefit Limits Grid for the definitions of Benefit Indicators.</i>	O	AN	1/50	Situational
EB06	615	<b>Time Period Qualifier</b> <b>Description:</b> Code defining periods <b>TennCare Notes:</b> <i>Reps 1 through 4, 33 &amp; 34:</i> <i>Value '32' indicates 'Lifetime'.</i>  <i>Reps 5 through 8, 47 through 62:</i> <i>Value '22' indicates 'Service Year'.</i>  <i>Reps 9 through 32, 35 through 46:</i> <i>Value '23' indicates 'Calendar Year'.</i>	O	ID	1/2	Situational
EB09	673	<b>Quantity Qualifier</b> <b>Description:</b> Code specifying the type of quantity <b>TennCare Notes:</b> <i>Reps 1, 2, 33 &amp; 34:</i> <i>Value 'LA' indicates 'Lifetime Actual'.</i>  <i>Reps 3 through 8, 21 through 24, 55 through 62:</i> <i>Value 'DY' indicates 'Days'.</i>  <i>Reps 9 through 20, 43 through 46:</i> <i>Value '99' indicates 'Units Used'.</i>  <i>Reps 25 through 32, 35 through 42:</i> <i>Value 'CA' indicates 'Covered Actual'.</i>  <i>Reps 47 through 54:</i> <i>Value 'VS' indicates 'Visits'.</i>	X	ID	2/2	Situational
EB10	380	<b>Quantity</b> <b>Description:</b> Numeric value of quantity <b>TennCare Notes:</b> <i>Reps 1 &amp; 2: Total Dollars Paid</i>  <i>Reps 3 through 8, 21 through 24, 55 through 62: # of days Utilized</i>  <i>Reps 9 through 20: # of 15 minute units Utilized</i>  <i>Reps 25 through 42: Total Dollars Paid</i>  <i>Reps 43 through 46: Units Used</i>	X	R	1/15	Situational



<i>Reps 47 through 54: # of Visits Utilized</i>						
EB12	1073	<b>Yes/No Condition or Response Code</b>	O	ID	1/1	Situational
<b>Description:</b> Code indicating a Yes or No condition or response						
<b>TennCare Notes:</b>						
<i>Reps 1 through 62:</i>						
<i>Y = Reported by receiving MCC N = Reported by MCC(s) other than the receiving MCC</i>						

# DTP

## Subscriber Eligibility/Benefit Date

Pos: 1500	Max: 20
Detail - Optional	
Loop: 2110C	Elements: 3

**User Option (Usage):** Situational

**Purpose:** To specify any or all of a date, a time, or a time period

### Element Summary:

<u>Ref</u>	<u>Id</u>	<u>Element Name</u>	<u>Req</u>	<u>Type</u>	<u>Min/Max</u>	<u>Usage</u>
DTP01	374	<b>Date/Time Qualifier</b>	M	ID	3/3	Required
<b>Description:</b> Code specifying type of date or time, or both date and time <b>TennCare Notes:</b> <i>Reps 9 through 62:  Value '193' indicates period start date.  Value '194' indicates period end date.</i>						
DTP03	1251	<b>Date Time Period</b>	M	AN	1/35	Required
<b>Description:</b> Expression of a date, a time, or range of dates, times or dates and times <b>TennCare Notes:</b> <i>Reps 9 through 14, 21 through 26, 29, 30, through 36, 39, 40, 43 through 48, 51 through 56, 59 &amp; 60:  Based upon begin date of current benefit plan year. 834 File Effective Date</i>  <i>Reps 19, 20, 27, 28, 31, 32, 37, 38, 41, 42, 49, 50, 57, 58, 61 &amp; 62:  Prior year benefit period end date is based upon 834 file effective date.</i>						